

Consumer Interest Form for Membership on the Assistive Technology Advisory Council

Name: _____
Address: _____
City _____ State WI Zip _____
Telephone _____
Email _____

1. Are you a person who uses assistive technology? Yes No
2. Are you a person representing a person who uses assistive technology
who is not able to represent him/herself? Yes No
3. Please list briefly some of the assistive technology you use:

4. With this form please include:
 - A copy of your resume
 - A short narrative describing your relevant work and life history
with regard to assistive technology (please limit to one page)
 - Your participation on other Councils or Boards either currently or
in the past

Return this form to (regular mail or email):

WisTech
AT Council Recruitment
1 West Wilson, Room 1151
Madison, WI 53707-7851
lauxhm@dhfs.state.wi.us

*If you need to submit materials orally, please contact Holly O'Higgins at 608 266 8905.